PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

FILING DEADLINE IS: PRIOR TO 03/01/89

RETURN TO:

Corporation Department Secretary of State Springfield, IL. 62756 Telephone (217) 782-7808

STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE NO. 0 5338-279-7

YEAR OF 1989

89114881

1.)

D. E. SODERLUND & SON, INC. % DENNIS FONTAGNERES 1457 W BELMONT AVENUE CHICAGO, IL. 60657-2110

030684

COOK

CORPORATE NAME REGISTERED AGENT REGISTERED OFFICE CITY, IL, ZIP CODE

2.) AGENT/OFFICE CHANGES ONLY (see 11h) FILED

SODERLUND & SON.

Corporation Name

3.) Date incorporated 03/06/4984 Give complete address of principal office, in other than above

FEB 7 1989

Registered Agent 3139 N. Lincoln, Suite 221
Registered Office Street Address
Chicago, Illinois 60657

JIM EDGAR Secretary of State

City, County, IL Zip Code

Federal Employer Identification Number (FEIN) * 363271794

4.) The names and addresses of the officers and directors are: (If officers are directors, so state.)

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP	
Donald Soderlund	President	8172 S Tripp	Chicago	Illinois	60652	
Donald Soderlund	Secretary	8172 S. Tripp	Chicago	Illinois	60652	
Donald Soderlund	Treasurer	8172 S. 17107	Chicago	Illinoin	60652	<u></u>
•	Director	//X,				<u> </u>
	Director	Directors are the came as officers				声
	Director			**************************************		Ħ

5.) The type of business actually conducted in Illinois is:

5.) The type of business assum,
6.) Number of shares authorized and issued (as of 2/31/88 NUMBER AUTHORIZED.

NUMBER ISS

COMMON

100_000

7a.) The amount of paid-in capital as of 12/31/88 7b.) The Paid in Capital as of on record with the Secretary of State is:

*PAID-IN CAPITAL \$ ____

TOTAL \$ _

""Paid-in Capital" replaces the terms Stated Capital and Paid-in Surplus. It does not include Retained Earnings. (The figure in Item 7b may not be altered.)

8 MUST BE SIGNED

8.) By

(Any Authorized Officer's Signature) (Pres. or V. Pres. required if changes listed in 2) <u>. 🎖 9</u>

Under the penalty of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement of change of registered agent and/or office, pursuant to provisions of the Business Corporation Act. has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

Attest

(Secretary's or ass't. Secretary's Signature required only if changes listed in 2)

(Title)

(Date)

UNOFFICIAL COPY

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18: 4: 139 All Ginelly, Soite 22

18: 189 EL 60657

Mail to: